

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		21	5/24/01
<b>FORMALITY REVIEW</b>	Refile	JC 826	7/03/01
<b>RESPONSE FORMALITY REVIEW</b>	Rm	FF81	10-10-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7-3-01  
RCS-Y-JC 826  
10-10-01